

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/ 591021 | FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
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3	8						
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50							
TOTAL IND.							
TOTAL DEP.			7				
TOTAL CLAIMS			8				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							